



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Farrukh S. NAJMI

Attorney Docket No.: SUN1P293

Application No.: 09/703,919

Examiner: KIANERSI, Mitra

Filed: October 30, 2000

Group: 2143

Title: METHOD AND APPARATUS FOR
PROVIDING AN E-BUSINESS AUDIT TRAIL IN
A DISTRIBUTED COMPUTING SYSTEM

Confirmation No.: 3191

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on MARCH 11, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: _____

Sally Zumba
Sally Zumba

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAR 18 2004

Technology Center 2100

Dear Sir/Ms.:

In response to the Office Action dated December 24, 2003, please amend the above-identified patent application as follows:

Amendments to the Specification begins on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 5 of this paper.



2143

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Signed: _____

Sally Zumba

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application Technology Center 2100

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Large Entity Rate Fee
Total Claims	6	MINUS	20	-0-	-0-
Independent Claims	1	MINUS	3	-0-	-0-
Total					\$ -0-

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. SUN1P293).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

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